

PRIOR PERIOD PAYROLL ADJUSTMENT FORM

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PAY PERIOD TO ADJUST

OFFICE OF

PAGE ____ OF ____

PRN

SECT/UNIT

NAME

SSN

TIMEKEEPER

DATE

TELEPHONE #

ADJUSTMENT TYPE

(CHECK ONE)

☐

FIXED ADJ.

(COMPLETE SECTION I ONLY)

☐

VARIABLE ADJ.

(COMPLETE SECTION II ONLY)

SECTION I.

DATE:

PAYROLL HQ ENTRY ONLY

HQ SIGNATURE

DATE TO BE
ADJUSTEDCD/HRS
ENTEREDCORRECT
CD/HRS

1. _____

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2. _____

/

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3. _____

/

/

4. _____

/

/

ACTION TAKEN:

☐ TIME FILE
☐ ADJUSTMENT
☐ JV
☐ VOID
☐ SUPP.

CURRENT PAY PERIOD

SECTION II.

DATE TO BE
ADJUSTEDORIGINAL DATA
ENTEREDCORRECT
DATA

DATE

CD\HRS

ORG

RPT CAT

OD

CD\HRS

ORG

RPT CAT

OD

1. _____

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2. _____

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3. _____

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4. _____

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5. _____

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6. _____

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7. _____

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8. _____

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9. _____

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10. _____

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COMMENTS:

I HEREBY CERTIFY THAT THE ABOVE ADJUSTMENT IS ACCURATE AND SUPPORTED BY APPROPRIATE DOCUMENTATION.

APPROVED

TITLE

DATE